MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/009685 **FILING DATE**

APPLICANT(S)

CLAIMS

#	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.	#	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2		/		2			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9		/		/			59						
10		/		/			60						
11		/		/			61						
12		/		/			62						
13		/		/			63						
14		/		/			64						
15		/		/			65						
16		/		/			66						
17	/		/				67						
18		/		/			68						
19		/		/			69						
20	/		/		/		70						
21				/			71						
22				/			72						
23				2			73						
24				/			74						
25				2		2	75						
26				2		2	76						
27				2		2	77						
28				2		2	78						
29				/		2	79						
30				/			80						
31				/		2	81						
32				2		2	82						
33				2		2	83						
34				2			84						
35				2			85						
36				2			86						
37				/		2	87						
38				3		2	88						
39				5		2	89						
40				2			90						
41				/		2	91						
42							92						
43				2			93						
44				2		X	94						
45				/			95						
46				2			96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		3		3		TOTAL IND.						
TOTAL DEP.	17		43		63		TOTAL DEP.						
TOTAL CLAIMS	20		44		56		TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)